MEDICAL CRITERIA FOR PARTICIPATION IN NCTC SCHOOLS

Name (Last, First, MI)	Rank/Rate	Age	Sex	Course Num	ber	
	* MEDICAL SCRE	ENING QUE	STIONNAIR	E *		
 Answer "Yes or "No" to the following questions. A "Yes" answer will require evaluation by a medical doctor with a decision rendered regarding suitability for training prior to an individual's participation in any field training evolution. 					YES	NO
a. Have you had in the last ten (10) days or are you currently being treated for pneumonia, bronchitis or asthma?						
b. Have you had any fractures,	sprains, splints or casts w	ithin the last th	aree (3) months?			
c. If you are a female are you	currently pregnant?					
d. Do you have a history of hear	rt disease or stress related	d chest pains?				
e. Have you had post operative	procedure (minor surgery) w	ithin the past 10) days?			
f. Do you have a history of pric	or heat exhaustion or heat	stroke?	21			
g. Are there any other condition injury, fear or phobias of t			e the course, i.e	., back		
h. Are you unable to participate	in or complete the semian	nual Physical Rea	ndiness Test?			
i. Do you have any other current	t medical conditions? If se	o, explain.				
j. Are you currently taking any	medication(s)? If yes, li	st.				
* NOTE: A "YES" an	swer to any of the above qu	estions requires	a medical doctor	's signature in Block	2. *	
2. The above named individuourse.	ual is medically clea	ared to parti	cipate in al	l aspects of the	training	
Medical Staff Signature					Date	
3. Have you ever been through a hig	h risk course before?				T	
4. Have you ever been set back or d	ropped from a high risk cou	rse'before?		å		
 Having completed the above quest any change to my physical condition, injury or illness. 						
Student's Signature					Date	
Comments			-			
Phase Head		Company Chief				
Records are to be retained in s	tudent's training recor	d with a copy	forwarded to the	ne Safety Office.		

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